

Prescription Drug Plan for Local Care Health Plan (LCHP), Health Alliance Illinois and HealthLink OAP Managed Care Health Plans

Medco Health Solutions is the new Prescription Benefit Manager (PBM) for participants enrolled in the above-named plans. If you are not enrolled in one of the above mentioned health plans, contact your Managed Care Plan for prescription information. The coverage provides both in-network and out-of-network benefits. Most drugs purchased with a prescription from a physician or a dentist are covered. No over-the-counter drugs will be covered, even if purchased with a prescription. When a brand drug is dispensed for any reason, and a generic is available, the plan participant must pay the cost difference between the brand product and the generic product, plus the generic copayment.

The prescription benefit includes a Preferred Drug List. This list is available by calling Medco at (800) 899-2587, or at www.benefitschoice.il.gov. The Preferred Drug List is subject to change at any time during the plan year. If you are currently taking a medication that is not on Medco's Preferred Drug List, you will receive a letter informing you of the Medco preferred alternative drug. Please review this letter with your physician to determine if a change in your prescription is appropriate.

Medco is working with Caremark to transfer open mail order prescriptions. Certain prescriptions can not be transferred. Therefore, you may need to obtain a new prescription. If so, you will be notified. The prescription plan offers several options:

Benefit Type Available	Dispensing Facility	Type and Supplies
Retail Pharmacy Network	Retail Pharmacy*	1 to 30-day fill of medication for one copay. 31 to 60-day fill for two (2) copays.
Mail Order Pharmacy	Mail Order Pharmacy	61 to 90-day supply of medication.
Out-of-Network Benefit	All Pharmacies	In most cases, the cost of the prescription drugs will be higher when not using an in-network pharmacy or the mail order pharmacy. Prescriptions filled by an out-of-network pharmacy will require the completion of a claim form (available from Medco) and your original prescription receipt. However, reimbursement will be at the applicable brand or generic in-network copayment.
*Contact your retail pharmacy to see if it is participating in the Retail Pharmacy Network.		

Retail Pharmacy Network

This network of retail pharmacies contracts with Medco to accept certain copayment amounts. There are no plan year deductibles and no claim forms to file.

Medication (1-30 day supply):

Generic	\$ 9.00
Preferred Brand	\$18.00
Non-preferred Brand	\$36.00

Medication (31-60 day supply):

Generic	\$18.00
Preferred Brand	\$36.00
Non-preferred Brand	\$72.00

Maximum days supply at one fill is 60 days.